

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 06 / 13 / 2014	

Full Name of Payee <b>Alliance Fm</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014		
Mailing Address 133 Industrial Avenue			Amount 312.50		
City Hasbrouck Heights	State NJ	Zip Code 07604	Transaction ID : B498438		
Purpose of Expenditure Printing of brochure		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014		
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		29657.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>FedEx</b>			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014		
Mailing Address 326 7th Avenue			Amount 21.04		
City New York	State NY	Zip Code 10001	Transaction ID : B498439		
Purpose of Expenditure Shipping of invitations for fundraiser		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 16 / 2014		
Name of Federal Candidate Kay Hagan		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		29657.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	333.54
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Aletheia Henry

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 / 23 / 2014

Signature